

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

07/615,070

FILING DATE

7-12-00

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
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TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	11	↓	11	↓		↓
TOTAL CLAIMS	13		13			

	IND.		DEP.		IND.		DEP.	
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TOTAL CLAIMS								